## FY 2025 Request for Buy-Back of Vacation Days

AFSCME (page 11)	CSEA (page 25)	Department Head	d (page 9)
	(Please Circle On	e)	
Date:			
Namo			
Name:			
Number of Days:			
Employee Signature:			
Department Head Appro	oval:		
<u>Please note</u> : Department Service <u>by September 1</u> <sup>s</sup>			
Director of Personnel Da	ate Received:		
Director of Personnel Ap	pproval:		
Director of Finance App	roval:		
FY 2025 Line Item:			
FY 2025 Amount:			